

# **PART B - FEE(S) TRANSMITTAL**

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136 7590 01/16/2009

JACOBSON HOLMAN PLLC  
 400 SEVENTH STREET N.W.  
 SUITE 600  
 WASHINGTON, DC 20004



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/552,716	10/11/2005	Malte Gross	P70713US0	6821
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TITLE OF INVENTION: HAEMODIALYSIS DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1510	\$300	04/16/2009 SHOHAMH100000021	18552416/2009	
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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STEPHENS, JACQUELINE F	3761	604-005010
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01 FC:1501 1510.00 OP  
 02 FC:1504 300.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 JACOBSON HOLMAN PLLC

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

FRESENIUS MEDICAL CARE  
 DEUTSCHLAND GMBH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bad Homburg, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee (1510)
- ☒ Publication Fee (No small entity discount permitted) (300)
- ☐ Advance Order - # of Copies \_\_\_\_\_

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number - 06-1358 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Harvey B. Jacobson, Jr.*

Date April 15, 2009

Typed or printed name

Harvey B. Jacobson, Jr.

Registration No. 20,851

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